12/6/12

	West than the transfer of the			
FORM D		STATES	·····	OMB APPROVAL
LOWND		CHANGE COMM	ISĈION	OMB Number: 3235-0076
	111111111111111111111111111111111111111	i, DC 20549	2001	Expires: May 31, 2005
	05053826	, wy		Estimated Average burden
	·		ECEINED (C)	hours per response 16.00
	FC	ORM D		CECTICE ONLY
			1 2005 >	SEC USE ONLY Prefix Seria
,	NOTICE OF SA	LE OF SECURITI	ÉS LOUS	
	PURSUANT TO	O REGULATION I). <i>[</i> \$/	DATE RECEIVED
		4(6), AND/OŘ		
	UNIFORM LIMITED			
Name of Offering (: check	if this is an amendment and name has chan		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
Series B Convertible Prefe		g,,		
Filing Under (Check box(es)	that apply)://: Rule 504 // Rule :	505 /x/: Rule 506	:// Section 4(6) //: ULOE
Type of Filing: $/x/$: New		7,0. real 900	., 7 5 00 (10)1 4(0)
		NTIFICATION DATA	·	
1. Enter the information reque				
HOME DECOR PRODUC				
Address of Executive Offices 47 BRUNSWICK AVENU	E, EDISON, NJ 08817		215.593.1221	per (Including Area Code)
(if different from Executive O	Operations (Number and Street, City, State Offices)	e, Zip Code)	Lelephone Numb	oer (Including Area Code)
Brief Description of Business		······································	,	Prop 33
	e sales of home furnishings and related	d products		
Type of Business Organizatio				JUL 194
: /x/ corporation	//: limited partners		//: other (pleas	e specify):
//: business trust	//: limited partners	mp, to be formed		
				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	_	Month Year	7	
Actual or Estimated Date of li	ncorporation or Organization;	1 0 0	:/x/ :	Actual : Estimated
Jurisdiction of Incorporation	or Organization: (Enter two-letter U.S.			
	CN for Canada; FN	for other foreign jurisdiction) D	E
GENERAL INSTRUCTIONS Federal:				
	king an offering of securities in reliance on ar	n exemption under Regulation I	D or Section 4(6), 17	CFR 230.501 et seq. or 15 U.S.C
77d(6).		, -		•
	be filed no later than 15 days after the first sa on the earlier of the date it is received by the S			
	I by United States registered or certified mail		or, it received at the	address after the date on which
·				
Where to File: U.S. Securities a	and Exchange Commission, 450 Fifth Street, N	N.W., Washington, D.C. 20549.		
	pies of this notice must be filed with the SEC aned copy or bear typed or printed signatures.	, one of which must be manu	ally signed. Any co	pies not manually signed must b
	filing must contain all information requeste	d. Amendments need only re-	port the name of the	issuer and offering, any change
•	ted in Part C, and any material changes from	the information previously sup	plied in Parts A and	B. Part E and the Appendix nee
not be filed with the SEC. Filing Fee: There is no federal	filing fee			
State:				
	icate reliance on the Uniform Limited Offerin	,		•
	 Issuers relying on ULOE must file a separa the payment of a fee as a precondition to the 			
	opriate states in accordance with state law. The			
	AT	TENTION		
	ppropriate states will not result in a loss			
notice will not result in a loss	s of an available state exemption unless s	uch exemption is predicated	d on the filing of a	federal notice.

M

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - · Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers;
 and
 - · Each general and managing partner of partnership issuers.

Check Box(es) that Apply: //: Promoter :// Beneficial Owner :/x/ Executive Officer :/x/ Director // General and/or Managing Partner

Full Name (Last name first, if individual)

Nebenzahl, Charles

Business or Residence Address (Number and Street, City, State, Zip Code)

47 Brunswick Avenue, Edison, NJ 08817

Check Box(es) that Apply: // Promoter :// Beneficial Owner :/x/ Executive Officer :/x / Director // General and/or Managing Partner

Full Name (Last name first, if individual)

Golden, Michael

Business or Residence Address (Number and Street, City, State, Zip Code)

47 Brunswick Avenue, Edison, NJ 08817

Check Box(es) that Apply: //: Promoter :// Beneficial Owner //: Executive Officer /x/ Director //: General and/or Managing Partner

Full Name (Last name first, if individual)

Lax, Solomon

TO DESCRIPTION OF THE PROPERTY OF THE PARTY OF THE PARTY

Business or Residence Address (Number and Street, City, State, Zip Code)

328 Second Street, Suite 200, Lakewood, NJ 08701

Check Box(es) that Apply: // Promoter :/x/ Beneficial Owner //: Executive Officer /x / Director //: General and/or Managing Partner

Full Name (Last name first, if individual)

Holtzman, Seymour

Business or Residence Address (Number and Street, City, State, Zip Code)

c/o Jewelcor Management, Inc., 100 N. Wilkes-Barre Boulevard, Wilkes-Barre, PA 18702

Check Box(es) that Apply: //: Promoter :/x/ Beneficial Owner / /: Executive Officer //: Director //: General and/or Managing Partner

Full Name (Last name first, if individual)

HC Holdings, LLC

Business or Residence Address (Number and Street, City, State, Zip Code)

c/o Jewelcor Management, Inc., 100 N. Wilkes-Barre Boulevard, Wilkes-Barre, PA 18702

A.	RA	SIC	IDE	ITIFI	CA	TION	DA	TA.	continued

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers;
 and
 - · Each general and managing partner of partnership issuers.

Check Box(es) that Apply: //: Promoter :/x/ Beneficial Owner :// Executive Officer :// Director // General and/or Managing Partner

Full Name (Last name first, if individual)

CS Private Equity Fund, L.P

Business or Residence Address (Number and Street, City, State, Zip Code)

328 Second Street, Suite 200, Lakewood, NJ 08701

Check Box(es) that Apply: // Promoter :/x/ Beneficial Owner :// Executive Officer :// Director // General and/or Managing Partner

Full Name (Last name first, if individual)

Kinderhook Partners, LLC

ed to the second designation where the second control of the second designation of the second designation and

Business or Residence Address (Number and Street, City, State, Zip Code)

1 Executive Drive, Suite 160, Fort Lee, NJ 07024

Check Box(es) that Apply: //: Promoter :// Beneficial Owner //: Executive Officer // Director //: General and/or Managing Partner

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Check Box(es) that Apply: // Promoter :// Beneficial Owner //: Executive Officer // Director //: General and/or Managing Partner

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Check Box(es) that Apply: //: Promoter :// Beneficial Owner //: Executive Officer //: Director //: General and/or Managing Partner

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

				В.	INFORM	ATION AB	OUT OFFER	UNG				
											Yes	No
1,	Has the issu		does the issue iso in Appen					is offering?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	••••••	:	:x
2	What is the	minimum li	nvestment tha	it will be ac	cepted fro	m any indivi	dual?	**********	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	******	\$ <u>N/A</u>	
3.	Does the of	fering perm	it joint owner	ship of a si	ngle unit?		*****************	****************		**************	Yes :x	No :
4.	commission If a person or states, lis	or similar to be listed at the name of	requested for remuneration is an associat of the broker ay set forth the	for solicitated person of dealer.	ation of pu or agent of If more tha	rchasers in c a broker or c in five (5) pe	onnection wi dealer register rsons to be lis	th sales of se red with the S	curities in th SEC and/or v	e offering.		·
Full None	Name (Last i	name first, if	f individual)				ميد د هې دوله خود د د د هموندي کال کال د چو د د هموندي د د د					
		lence Addre	ss (Number a	nd Street, (City, State,	Zip Code)						
Nam	e of Associa	ted Broker o	or Dealer				and the second residue day and accommendate when					
			d Has Solicite									
(Che [AL]		s" or check [AZ]	individual St [AR]	ates) [CA]	[CO]	[CT]	[DE]	[DC]	[FL]	:A [GA]	II States [HI]	[lD]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
MT] [NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full	Name (Last	name first,	if individua)						· · · · · · · · · · · · · · · · · · ·		
Busii	ness or Resid	lence Addre	ss (Number a	nd Street, C	City, State,	Zip Code)	······································					
Nam	e of Associa	ted Broker o	or Dealer		·							
State	s in Which F	erson Listed	d Has Solicite	d or Intend	s to Solicit	Purchasers						
(Che [AL]		s" or check [AZ]	individual St [AR]	ates) [CA]	[CO]	[CT]	[DE]	[DC]	[FL]	:A. [GA]	II States [HI]	[ID]
إندي							-					-
11.1	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
-		NVI	MHI	INIT	LNMI	NYI	NCI	ומאז	เนดา	(UK.)	[GD]	PAI
[MT] [NE]	[NV]	[NH]	[NJ]	[NM]	[NY] [VT]	[NC]	[ND] [WA]	[OH]	[OK]	[OR]	[PA]
[MT [RI]] [NE] [SC]	[SD]	[TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH]	[OK] [WI]	[OR]	[PA] [PR]
[MT] [RI] Full] [NE] [SC] Name (Last r	[SD]	[TN] f individual)	[TX]	[UT]	[VT]	• •			• •	. ,	
Busi	[SC] Name (Last r	[SD] name first, il	[TN] f individual) ss (Number a	[TX]	[UT]	[VT]	• •			• •	. ,	
[MT] [RI] Full Busin	[SC] Name (Last r	[SD] name first, ill lence Addre	[TN] f individual) ss (Number a or Dealer	[TX]	[UT]	[VT] Zip Code)	• •			• •	. ,	
[MT] [RI] Full Busin Name	[SC] Name (Last residues or Residue of Associates in Which P	[SD] name first, il lence Addre	[TN] f individual) ss (Number a or Dealer d Has Solicite	[TX] nd Street, C	[UT] City, State,	[VT] Zip Code) Purchasers	[VA]	[WA]	(wv)	[WI]	[WY]	
RI] Susin Name State Che	[SC] Name (Last residues or Residues of Associates in Which Pck "All State	[SD] name first, il lence Addre	[TN] f individual) ss (Number a or Dealer	[TX] nd Street, C	[UT] City, State,	[VT] Zip Code) Purchasers	[VA]	[WA]	(wv)	[WI]	[WY]	
[MT] Full Busin Nam State [Che [AL]	[SC] Name (Last residues or Residues of Associates in Which Pck "All State	[SD] name first, il lence Addre led Broker of erson Listed s' or check	[TN] f individual) ss (Number a or Dealer d Has Solicite individual St	[TX] nd Street, C d or Intend ates)	[UT] City, State,	[VT] Zip Code) Purchasers	[VA]	[WA]	(wv)	[WI]	[WY]	[PR]
[MT] [RI] Full Busin Name	[SC] Name (Last researches or Reside of Associates in Which Pick "All States [AK] [IN]	[SD] name first, ill lence Addre led Broker of lerson Listed s" or check [AZ]	[TN] f individual) ss (Number a or Dealer d Has Solicite individual St [AR]	[TX] nd Street, C d or Intend ates)	[UT] City, State, s to Solicit	[VT] Zip Code) Purchasers [CT]	[VA]	[WA]	(WV)	[WI]	[WY]	[PR]

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PR	OCEEDS	
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box 0 and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
Тур	e of Security	Aggregate Offering Price	Amount Already Sold
Deb	I	\$	\$
Equi	ity	\$ <u>7,061,750</u>	\$7,061,750
	: Common <u>XX</u> Preferred		~ <u>i</u>
Con	vertible Securities (including warrants)	\$	\$
Parti	nership Interests	\$	s
Othe	er (Specify)	\$	\$
Tota	1	\$ 7.061,750	\$ 7,061,750
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	\$ <u>_7.001,750</u>	<u> </u>
		Number Investors	Aggregate Dollar Amount of Purchases
Acc	redited Investors	10	\$ <u>7,061,750</u>
Non	-Accredited Investors	\$	\$
Tota	l (for filings under Rule 504 only)	\$	\$
3.	If this filing is an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.		
Тур	e of Offering	Type of Security	Dollar Amount Sold

securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
Transfer Agent's Fees	:	\$
Printing and Engraving Costs	: x	\$
Legal Fees.	:x	\$ 25,000
Accounting Fees	:x	\$
Sales Commission (specify finders' fees separately)	:	\$
Other Expenses (identify)	: x	\$
Total	;x	e 35,000

s _____

a. Furnish a statement of all expenses in connection with the issuance and distribution of the

b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.8. This difference is the "adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed mast equal the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed mast equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above. Payments to Officers, Directors, and Affiliates Payments to Others Salaries and fees. Salaries and fee	C. OFFERING PRICE, NUMBER	OF INVESTORS, EXPENSES AND	USE	OF PROC	EEDS	
to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C – Question 4.b above. Payments to Officers, Directors, and Affiliates Payments to Officers, D	Part C- Question 1 and total expenses furnished	d in response to Part C - Question 4.a.			\$ <u>.7.</u>	036,750
Salaries and fees	'to be used for each of the purposes shown. If the a furnish an estimate and check the box to the left payments listed must equal the adjusted gross process.	mount for any purpose is not known, it of the estimate. The total of the				
Purchase, rental or leasing and installation of machinery and equipment				Officers, irectors, and		ments to Others
Purchase, rental or leasing and installation of machinery and equipment	Salaries and fees		:	\$. :	\$
Construction or leasing of plant buildings and facilities	Purchase of real estate		:	\$. :	\$
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger) : \$	Purchase, rental or leasing and installation of machinery a	and equipment	:	\$:	\$
may be used in exchange for the assets or securities of another issuer pursuant to a merger) \$;	\$. :	\$
Working capital			:	\$. :	\$
Other (specify):	Repayment of indebtedness		:	\$	_ :	\$
Column Totals	Working capital		:	\$:x	\$ <u>7,036,750</u>
Column Totals : \$	Other (specify):		:	\$:	\$
Column Totals			:	\$:	\$ _
The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502. Issuer (Print or Type) HOME DECOR PRODUCTS, INC. Signature Date JULY 7, 2005 Name of Signer (Print or Type) MICHAEL GOLDEN ATTENTION			:	\$ <u>0</u>	:x	\$ <u>7,036,750</u>
The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502. Issuer (Print or Type) HOME DECOR PRODUCTS, INC. Signature Date JULY 7, 2005 Name of Signer (Print or Type) MICHAEL GOLDEN ATTENTION ATTENTION	Total Payments Listed (column totals added)			:x	\$ <u>7,0</u>	<u>36,750</u>
The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502. Issuer (Print or Type) HOME DECOR PRODUCTS, INC. Signature Date JULY 7, 2005 Name of Signer (Print or Type) MICHAEL GOLDEN ATTENTION ATTENTION						
The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502. Issuer (Print or Type) HOME DECOR PRODUCTS, INC. Signature Date JULY 7, 2005 Name of Signer (Print or Type) MICHAEL GOLDEN ATTENTION ATTENTION				·····	·····	**************************************
following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502. Issuer (Print or Type) HOME DECOR PRODUCTS, INC. Signature Date JULY 7, 2005 Name of Signer (Print or Type) MICHAEL GOLDEN ATTENTION ATTENTION					~	
Name of Signer (Print or Type) MICHAEL GOLDEN Title of Signer (Print or Type) PRESIDENT ATTENTION	following signature constitutes an undertaking by the irrequest of its staff, the information furnished by the issued to be a staff, the information furnished by the issued to be a staff, the information furnished by the issued to be a staff, the information furnished by the i	ssuer to furnish to the U.S. Securities are suer to any non-accredited investor purs	nd E	xchange Cor	nmission	, upon written
MICHAEL GOLDEN PRESIDENT ATTENTION		Midul G	re	00		7 , 2005
	• • • • • • • • • • • • • • • • • • • •					
		ATTENTION				
	Intentional misstatements or omissions		atio	ns. (See 18	U.S.C. 1	001.)

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